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PTO/SB/17 (10-08)

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Filling FEES   Small Entity   Fee (\$)   Fee	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/571,069-Conf. #2459					
FIGURE Name of	FEE TRANSMITTAL				Filing Date		December 7, 2006			
X   Applicant claims small entity status. See 37 CFR 1.27   TV Init   1649					First Named Inventor		Hidemi KURIHARA			
METHOD OF PAYMENT (check all that apply)	F01F1 2009				Examiner Name S. N. MacFarlane					
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  X Charge fee(s) indicated below, except for the filling fee  X Charge fee(s) indicated below, except for the filling fee  X Charge fee(s) indicated below, except for the filling fee  X Credit any overpayments  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Fee (S) Fee	X Applicant claims small entity status. See 37 CFR 1.27				Art Unit		- · · · · · · · · · · · · · · · · · · ·			
Check Credit Card Money Order None Other (please identify):    X   Deposit Account Deposit Account Namer	TOTAL AMOUNT OF PAYMEN	т	<b>(\$)</b> 585.00		Attorney Docket	No.	0230-0245PUS	61		
X   Deposit Account   Deposit Account Namer   Deposit Account Namer   Deposit Account Namer   Birch, Stewart, Kolasch & Birch, LLP	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below										
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments   Credit   X   Credit any overpayments   X   Credit any overpayments   X   Credit any overpayments   X   Credit any overpayments										
X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit any contains   Cre										
Tee(s) under 37 CFR 1.16 and 1.17										
Application Type										
Filling FEES   Small Entity   Fee (\$)   Fee	FEE CALCULATION									
Samplication Type	1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
Design   220   110   100   50   140   70   70   70   70   70   70   70				SEA		EXAMI				
Utility	Application Type			ee (\$)		Fee (\$)		Fees P	aid (\$)	
Plant										
Reissue 330 165 540 270 650 325  Provisional 220 110 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Bach claim over 20 (including Reissues)  Sach independent claims over 3 (including Reissues)  Multiple dependent claims  - or HP = x = Fee (\$)	Design	220	110	100	50	140	70			
Provisional 220 110 0 0 0 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES	Plant	220	110	330	165	170	85			
Each claim over 20 (including Reissues)  Each claim over 3 (including Reissues)  Each claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)	Reissue	330	165	540	270	650	325			
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.70 (\$13.5 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fee Pai	Provisional	220	110	0	0	0	0			
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Fee (\$)  Fee Paid (\$)										
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims	To be designed and the second									
Total Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Fee (\$)  Fee Paid (\$)  Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  2801 Request for continued examination (RCE) (see 37  405.00  2252 Extension for response within second month  Registration No.  (Attomey/Agent)  Registration No.  (Attomey/Agent)  Paid (\$)	Each independent claim over				220	110				
- or HP =	Multiple dependent claims							390	195	
HP = highest number of total claims paid for, if greater than 20.   Indep. Claims	Total Claims Extr	a Claims	Fee (\$)	Fee Paid (\$)		1	Multiple Dependent Claims			
Indep. Claims    Extra Claims   Fee (\$)   Fee Paid (\$)				~~~~		<u>F</u>	ee (\$) <u>F</u>	ee Paid (\$	1	
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 =	Indep. Claims Extra Claims Fee (\$)			Fee	Paid (\$)	********		***	_	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets										
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	3. APPLICATION SIZE FEE									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  -100 =										
A. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  2801 Request for continued examination (RCE) (see 37 405.00 2252 Extension for response within second month 180.00*  SUBMITTED BY  Injury Registration No. (Attorney/Agent) 28,977 Telephone (703) 205-8000 (Attorney/Agent)										
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APD 1 7 2000	Signature Signature		NA	R	egistration No.	28,977	Telephone	(703) 205	i-8000	
	Name (Print/Type) Gerald M.	Mu <b>y</b> phy, Jr	. [ ] [ ]				Date AP			

\*One month extension of time was paid 3-16-2009.